Fill ir	this information to identify your case:		Ch	neck or 2A-1S	ne box only as d	irected in this form and	d in Form
Debt	or 1 James Lovell Thompson			.ZA-131	upp.		
Debt (Spou	or 2			■ 1. T	There is no pres	umption of abuse	
Unite	ed States Bankruptcy Court for the: Eastern District of	Tennessee		;	applies will be m	o determine if a presumade under <i>Chapter 7</i>	•
Case (if kno	e number					icial Form 122A-2).	,
(II KIIO	wij					does not apply now be service but it could ap	
				☐ Ch	eck if this is a	n amended filing	
Off Off	<u>icial Form 122A - 1</u>						
Ch	apter 7 Statement of Your Cur	rent Mor	nthly Inc	om	е		04/20
attach case r qualify Part	·	hich the additior n a presumption tion from Presur	nal information of abuse becau	applies use you	. On the top of an	ny additional pages, wri narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one on	_' y.					
	Not married. Fill out Column A, lines 2-11.						
	Married and your spouse is filing with you. Fill ou			2-11.			
	☐ Married and your spouse is NOT filing with you.	•	•		A and D. Para G		
	Living in the same household and are not lega	•			•		. do aloro un dor
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	gally separated	d under nonba	nkrupto	y law that applie	es or that you and you	
10 the	I in the average monthly income that you received from all stationary 1(10A). For example, if you are filing on September 15, the 6-mer 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that property.	onth period would by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh Aud de any i	gust 31. If the amoint me	ount of your monthly incomore than once. For examp	ne varied during ble, if both
				Colui Debte		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).			\$	2,668.75	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular , your depende	contributions nts, parents,	\$	0.00	\$	
1	Net income from operating a business, profession,	or farm					
			otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
1	Ordinary and necessary operating expenses	-\$0.00	Camus hama	Φ.	0.00	¢.	
1	Net monthly income from a business, profession, or farr	n \$	Copy here ->	• \$	0.00	\$	
6.	Net income from rental and other real property	Det	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	·	Copy here ->	•\$	0.00	\$	
	Interset dividends and royalties	-		\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

James Lovell Thompson Case number (if known) Debtor 1

			Column A Debtor 1		Column B Debtor 2 or non-filing s	
8.	Unemployment compensation		\$	0.00	\$	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:		· ———			
	For you \$ For your spouse \$	0.00				
	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that process does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter	tated in the next sentence, doing allowance paid by the ray, combat-related injury or es. If you received any retire pay only to the extent that it is would otherwise be entitled er 61 of that title.	d \$	0.00	\$	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social Stunder the Federal law relating to the national emergency under the National Emergencies Act (50 U.S.C. 1601 et coronavirus disease 2019 (COVID-19); payments receiverime, a crime against humanity, or international or dom compensation pension, pay, annuity, or allowance paid Government in connection with a disability, combat-related the of a member of the uniformed services. If necess separate page and put the total below	Security Act; payments made by declared by the President it seq.) with respect to the ved as a victim of a war nestic terrorism; or If by the United States ted injury or disability, or		0.00	•	
	·		\$	0.00	\$	
			\$	0.00	\$	
	Total amounts from separate pages, if any.		+ \$	0.00	\$	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		2,668.75	+ \$		= \$ 2,668.75 Total current monthly
Part	Determine Whether the Means Test Applies to	o You				income
12.	Calculate your current monthly income for the year.	Follow these steps:				
	12a. Copy your total current monthly income from line 1	1	Сору	line 11 h	ere=>	\$\$
	Multiply by 12 (the number of months in a year)					x 12
	12b. The result is your annual income for this part of the	e form			12b.	\$32,025.00
13.	Calculate the median family income that applies to	you. Follow these steps:				
	Fill in the state in which you live.	GA				
	Fill in the number of people in your household.	1				
	Fill in the median family income for your state and size to find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link specifie	d in the separat	e instruct	13. ions	\$53,105.00
14.	How do the lines compare?					
	Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Do NOT fill out or file Official Form 122A-2.					
	Go to Part 3 and fill out Form 122A–2.	n page 1, check bux 2, THE F	organipiiON 6	1003E 13 0	iciennineu by	1 OIIII 122A-2.
art	3: Sign Below					
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.					
	X /s/ James Lovell Thompson					
	James Lovell Thompson al Form 122A-1 Chapter 7 St	atement of Your Current M				page 2

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Debtor 1	James Lovell Thompson	Case number (if known)	
	Signature of Debtor 1		
Da	April 14, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	m.	

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Debtor 1 James Lovell Thompson

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2020 to 03/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer

Income by Month:

6 Months Ago:	10/2020	\$2,668.75
5 Months Ago:	11/2020	\$2,668.75
4 Months Ago:	12/2020	\$2,668.75
3 Months Ago:	01/2021	\$2,668.75
2 Months Ago:	02/2021	\$2,668.75
Last Month:	03/2021	\$2,668.75
	Average per month:	\$2,668.75